

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**=62-041590**  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

658

FILED NOV 26 1962

## 1. PLACE OF DEATH

a. COUNTY

Boone County

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Columbia Mo.

Length of stay in 1b

3 weeks

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

UNIVERSITY MED. Center

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Putnam

c. CITY

OR TOWN

Unionville

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

Stadium Road

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

First

HARRISON

Middle

Williams

Last

Eckles

4. DATE OF DEATH

Month

Nov.

Day

22

Year

62

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5-1-13

9. AGE (last birthday)

49

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

OPERATOR AT Power Plant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

MDAIR County Mo Putnam Co. USA

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

CHARLANCE Eckles

13b. MOTHER'S MAIDEN NAME

DORIS KELLEY

14. NAME OF HUSBAND OR WIFE

MARY M. ECKLES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

UNKNOWN

16. SOCIAL SECURITY NO.

17. INFORMANT

Address Stadium Road University Med. Records Columbia Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (k), (l), (m), (n), (o), (p), (q), (r), (s), (t), (u), (v), (w), (x), (y), (z), (aa), (ab), (ac), (ad), (ae), (af), (ag), (ah), (ai), (aj), (ak), (al), (am), (an), (ao), (ap), (aq), (ar), (as), (at), (au), (av), (aw), (ax), (ay), (az), (ba), (bb), (bc), (bd), (be), (bf), (bg), (bh), (bi), (bj), (bk), (bl), (bm), (bn), (bo), (bp), (bq), (br), (bs), (bt), (bu), (bv), (bw), (bx), (by), (bz), (ca), (cb), (cc), (cd), (ce), (cf), (cg), (ch), (ci), (cj), (ck), (cl), (cm), (cn), (co), (cp), (cq), (cr), (cs), (ct), (cu), (cv), (cw), (cx), (cy), (cz), (da), (db), (dc), (dd), (de), (df), (dg), (dh), (di), (dj), (dk), (dl), (dm), (dn), (do), (dp), (dq), (dr), (ds), (dt), (du), (dv), (dw), (dx), (dy), (dz), (ea), (eb), (ec), (ed), (ee), (ef), (eg), (eh), (ei), (ej), (ek), (el), (em), (en), (eo), (ep), (eq), (er), (es), (et), (eu), (ev), (ew), (ex), (ey), (ez), (fa), (fb), (fc), (fd), (fe), (ff), 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PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CESSATION OF RESPIRATION + PULSE

INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

CONGESTIVE HEART FAILURE

2 HRS.

DUE TO (c)

CARCINOMA OF THE LUNG.

? MONTHS.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-25-62 to 11-22-62 and last saw her alive on 11-22-62  
Death occurred at 12:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Univ. Med. Center

22c. DATE SIGNED

11-22-62

23. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

11-25-1962

23c. NAME OF CEMETERY OR CREMATORY

Unionville Cem.

23d. LOCATION (City, town, or county)

Unionville Cem.

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Nov 22 1962 Mrs R.E. Palmer

FEB 26 1963

NOV 30 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Richard A. Leves

Licensed Embalmer No. 5109

P. O. Address Columbia Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.